PTO/SB/05(06-03)
ed for use trisugh 7/3 V/2007, OHR 0651-0032
% Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Approach or Dadid Humber		
		PARTI	ART ((Column 2)		SWALL ENTITY		OR	OTHER THAN SMALL ENTITY			
	FOR .	MUNE	MUNIBER FILED		MUMBER EXTRA.		RATE	PEE	· :	PATE	FEE
	CFR LIE(1)		•		•	7			OR	1	3
	CFR 1.16(d)		critores 2			7	K 5		OR.	41	17
	EPENDENT CLA	rus .	rrious	3		1	55.	•	OR	×	-
MALTIPLE DEPENDENT CLAIM PRESENT OF CFR LINKS					1	A 44	•	OR.		 . 	
										•••••	··-
* If the difference in column 1 is less than zero, enter '9' in column 2.							TOTAL	L	OR.	TOTAL	L
CLAIMS AS AMENDED - PART II											
5	-1-06	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY
		CLAMS REMAINING		HIGHEST	PRESENT	11	RATE	ADD1		RATE	ACC)-
MENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	П		TIONAL FEE			TIONAL
OME	Total (31 CPR 1, MAN	22	Minus	62	:	1	X 5 =	1	CR	X 5 _ #	
EN	th car steers supplement	4	Minus	"4		11	X3		OR.	X 5 =	
Æ	FIRST PRESEN	TATION OF MULTIPL	L OEPENO	ENT CLAIM (37 CI	A 1,16000		+1 =		OR.		
					3 1	TOTAL	+	. !	TOTAL	-	
							ADDL FEE	4	QR	ADDL FEE	
-	0/- /-	(Column 1)	•	(Column 2)	(Cotumn 3)	1	· .		1		
=	925/06	REMAINING AFTER		PREVIOUSLY	PRESENT EXTRA	H	RATE	ADDI-	•	RATE	ADDI- TIONAL
MENDMENT	Total	AMENGMENT	Minus	PAID FOR	•:	Н		FEE			FEE
'호	Independent	100	Minus	01/			** <u></u> *	/-	OR	X1	
¥	DI GIA INGHE	<u> </u>	L	7		H	252	-/-	OA	X\$=	-/
A LEUR I L'ESTATATION CA TINTE DE DE MOENT CITUT (1) CLE I MIEN							TOTAL	-/	OR	45+	
							ADD'L FEE	_/]	OR	ADDL FEE	
(Column 1) (Column 2) (Column 3)								<u>. </u>			
	helsi	CLAIMS REMAINING		MIGHEST NUMBER	PRESENT	I	RATE	ADDI:		RATE	ADOI-
	d14131	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			FEE	1		FEE /
ENDMENT	DI CORT, HOUSE	72	Minus	" 22	. /		X 1 *		OR	ו	7
NEW THE	Endependent (1) CFR + Head	9	Move	- 4	• /	ſ	x 3•		OR	* 5	
₹	PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 1869)						41 .		OR		
										TOTAL ADDL FEE	/
" If the entry in cohumn 1 is less than the entry in column 2, write "O' in column 3.											
. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Providings Paid For" IN THIS SPACE is less than 2, enter "3". The "Highest Number Providings Paid For" IN THIS SPACE is less than 2, enter "3".											

This collection of information is required by 2F CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confinentiality is governed by 35 U.S.C. 122 and 37 CFR 1.16. This collection in estimated to take 12 minutes to complete, including gallooms, prepoints, and submitting the completed application form to the USPTO. Time will vary depreting upon the monadual case. Any comments on the amount of time you require to complete its form amount suggestions for reducing this burden, should be sent to the Clircl Information Office, U.S. Patern and Tradehash Office, U.S. Department of Commence, P.O. Ook 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES DR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commission of the Paterns, P.O. Box 1450, Alexandria, VA 22313-1450.